



BILLING CODE 3410-30-P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

**Agency Information Collection Activities: Proposed Collection; Comment Request - USDA
National Hunger Clearinghouse Database Forms FNS 543 and FNS 543-A**

AGENCY: Food and Nutrition Service (FNS), USDA.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice invites the general public and other public agencies to comment on this proposed information collection.

This is a revision of a currently approved collection for the purpose of collecting information from organizations fighting hunger and poverty.

DATES: Written comments must be received on or before **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions that were used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments may be sent to: Tony Craddock, Jr., Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Room 941, Alexandria, VA 22302. Comments may also be submitted via email to Tony Craddock, Jr. at tony.craddock@fns.usda.gov. Comments will also be accepted through the Federal eRulemaking Portal. Go to <http://www.regulations.gov> and follow the online instructions for submitting comments electronically. Comments will also be accepted through the Federal eRulemaking Portal. Go to <http://www.regulations.gov>, and follow the online instructions for submitting comments electronically.

All written comments will be available for public inspection at the office of the Food and Nutrition Service located at 3101 Park Center Drive, Room 941, Alexandria, Virginia 22302 during regular business hours (8:30 a.m. to 5:00 p.m. Monday through Friday).

All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will be a matter of public record.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of this information collection should be directed to Tony Craddock, Jr. at 703-605-0037.

SUPPLEMENTARY INFORMATION:

Title: USDA National Hunger Clearinghouse Database Forms

Form Number: FNS-543 and FNS 543-A

OMB Number: 0584-0474

Expiration Date: 09/30/2015

Type of Request: Revision of a currently approved information collection.

Abstract: Section 26 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769g) (the Act), which was added to the Act by section 123 of Pub. L. 103-448 on November 2, 1994, mandated that FNS enter into a contract with a non-governmental organization to establish and maintain an information clearinghouse (named “USDA National Hunger Clearinghouse” or “Clearinghouse”) for groups that assist low-income individuals or communities regarding nutrition assistance programs or other assistance. Section 26(d) of this Act was amended again by Pub. L. 113-79 on February 7, 2014, to extend funding for the Clearinghouse through fiscal year 2015 for \$250,000. FNS awarded this contract to the hunger advocacy organization New York City Coalition Against Hunger (NYCCAH) on October 1, 2014.

The Clearinghouse includes a database of non-governmental, grassroots organizations in the areas of hunger and nutrition, along with a mailing list to communicate with these organizations. These organizations enter their information into the database, and Clearinghouse staff use that information to provide the public with information about where they can get food assistance. The database form (FNS-543) will be completed online at www.nhc.fns.usda.gov and physical versions of the form can still be completed and emailed to tony.craddock@fns.usda.gov. State agencies use the FNS-543A form to voluntarily collect information about summer meal sites. The FNS-543A collects site name, location and operating details such as dates and times of the day that the site is in operation. FNS-543A is part of the information collection because summer meal site information is part of the National Hunger Clearinghouse.

Affected Public: Business or Other For-Profits, and Not For Profit (FNS 543) and State Agencies (FNS 543-A). Respondent group types for FNS-543 are identified as Food banks.

Most of these groups are organizations providing nutrition assistance services to the public. Respondent groups identified for FNS-543A include all 55 State Agencies.

As of February 2015, there were 6,011 registered organizations in the National Hunger Clearinghouse. FNS estimates approximately 600 new business registrants annually. Each respondent is expected to only participate in one survey per registration.

REPORTING BURDEN FOR FNS-543

Estimated Number of Respondents: 600

Estimated Number of Responses per Respondent: 1

Estimated Total Annual Responses: 600

Estimated Time per Response: 5 minutes (0.0833 hours)

Estimated Total Annual Burden on Respondents: 49.98 hours rounded up to 50 hours

REPORTING BURDEN FOR FNS-543-A

Estimated Number of Respondents: 55

Estimated Number of Responses per Respondent: 1

Estimated Total Annual Responses: 55

Estimated Time per Response: 1.05 hours.

Estimated Total Annual Burden on Respondents: 57.75 hours rounded up to 58 hours

The total reporting burden for this information collection is 108 total annual burden hours and 655 total annual responses.

See the table below for estimated total annual burden for each type of respondent and each FNS form.

FNS-543					
Respondent	Estimated # Respondent	Responses annually per Respondent	Total Annual Responses	Estimated Avg. # of Hours Per Response	Estimated Total Hours
Business Reporting Burden					
Food Banks	300	1	300	0.0833	24.99
Business and Other For Profit	100	1	100	0.0833	8.33
Not For Profit	200	1	200	0.0833	16.66
Total Reporting Burden	600		600		49.98

FNS-543A					
Respondent	Estimated # Respondent	Responses annually per Respondent	Total Annual Responses	Estimated Avg. # of Hours Per Response	Estimated Total Hours
State Agencies Reporting Burden					

State agencies	55	1	55	1.05	57.75
Total Reporting Burden	55		55		57.75

Dated: May 19, 2015.

Jeffrey J. Tribiano
Acting Administrator
Food and Nutrition Service

Attached: Appendix A: USDA National Hunger Clearinghouse Database Form FNS543 (paper)

Appendix B: USDA National Hunger Clearinghouse Database Form FNS543 (online)

Appendix C: USDA National Hunger Clearinghouse Database Form FNS543-A

Appendix A: USDA National Hunger Clearinghouse Database Form FNS 543 (paper)

OMB Number 0584-0474
Expiration Date: XX/XX/XXXX



USDA NATIONAL HUNGER CLEARINGHOUSE DATABASE FORM

Facilitating the exchange of information, resources and ideas
among organizations fighting hunger and poverty.

Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing burden to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research, Nutrition and Analysis, Room 1014, (0584-0474), Alexandria, VA 22302. Do not return completed form to this address.

The following information will be added to the USDA National Hunger Clearinghouse Database, an online resource that provides information about food assistance to the public. Please complete this form and return it to the New York City Coalition Against Hunger (NYCCAH)

Date: _____ Organization Name: _____

Physical Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ ext: _____ Fax: _____ Email: _____

Hours of Service: _____ Website: _____

Would you like to receive our monthly e-newsletter? ☐ Yes ☐ No

Organizational Information:

How would you classify your organization? (select all that apply)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Education Institution | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Emergency Food Provider | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Direct Services | <input type="checkbox"/> Funder | |

What is your organization's target population? (select all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Families | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Homeless/Unemployed | <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Other _____ |

Where does your organization provide services?

- | | | |
|--|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Extension Service | <input type="checkbox"/> Religious institution |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Farm | <input type="checkbox"/> School |
| <input type="checkbox"/> College University | <input type="checkbox"/> Health Care Facility | <input type="checkbox"/> Senior Citizen Center |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Home/Residence | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Correction Facility | <input type="checkbox"/> Organizational Offices | <input type="checkbox"/> Soup Kitchen/Food Pantry |
| <input type="checkbox"/> Detention Facility | <input type="checkbox"/> Public Housing | |

What area does your organization serve?

- | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> County | <input type="checkbox"/> Regional | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> National | <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> State | |

USDA National Hunger Clearinghouse - part of New York City Coalition Against Hunger's (NYCCAH) Grassroots Action Network
50 Broad Street, Suite 1520
New York, NY 10004
Tel: 212-825-0028
Fax: 212-825-0267
clearinghouse@nyccah.org

Agency Services
(Please Mark All That Apply)

Children Service:

- ☐ After School
☐ Day Care/Childcare
☐ Foster Care/Childcare
☐ Other _____

Counseling:

- ☐ Case Management
☐ Crisis Hotline
☐ Domestic Violence
☐ Drugs and Alcohol
☐ Family Support
☐ Individual
☐ Referral Services
☐ Sexual Assault
☐ Other _____

Education:

- ☐ ESL
☐ Head Start
☐ Nutrition Education
☐ Prison Re-entry Program
☐ Other _____

Food Assistance:

- ☐ Community Support Agriculture
☐ Farmer's Markets (EBT)
☐ Food Bank
☐ Food Delivery
☐ Food Pantry
☐ Kids Café
☐ Meals On Wheels
☐ Soup Kitchens
☐ Other _____

Government Programs:

- ☐ Child and Adult Care Food Program
☐ CSFP
☐ Earned Income Tax Credit
☐ Farmer's Market Nutrition Program
☐ FEMA/Disaster Relief
☐ Home Emergency Relief
☐ Senior Farmer's Market Nutrition Program
☐ SNAP
☐ Summer Food Service Program
☐ TANF
☐ TEFAP
☐ WIC
☐ Other _____

Health Care:

- ☐ Health Clinic
☐ Prescription Assistance
☐ Other _____

Homeless Services

- ☐ Drop In Center
☐ Emergency Shelter
☐ Halfway Home
☐ Transitional Housing
☐ Other _____

Housing:

- ☐ Appliances/Furniture
☐ Home Repairs
☐ Rent Subsidy
☐ Utilities Assistance
☐ Weatherization
☐ Other _____

Jobs:

- ☐ Career Counseling
☐ Job Placement
☐ Job Readiness
☐ Other _____

Other Services:

- ☐ Clothes
☐ Hunger Hotline
☐ Thrift Store

Do you do perform advocacy work? If so, please indicate what kind

Do you provide transportation services? ☐ Yes ☐ No

Do you accept food donations? ☐ Yes ☐ No

Do you provide seasonal services? (i.e. Christmas baskets) ☐ Yes ☐ No

Mission Statement: _____

Please write or attach a description of your organization's background and programs

Contact Information

The following information is for internal use only. Please provide the contact information for the point of contact for the New York City Coalition Against Hunger to provide periodic updates of the organizational information above.

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____ Phone: _____ ext: _____

Mobile Phone _____ Fax: _____ Email: _____

Physical Address _____

City: _____ State: _____ Zip Code: _____

USDA National Hunger Clearinghouse - part of New York City Coalition Against Hunger's (NYCCAH) Grassroots Action Network
 50 Broad Street, Suite 1520
 New York, NY 10004
 Tel: 212-825-0028
 Fax: 212-825-0267
clearinghouse@nyccah.org

Appendix B: USDA National Hunger Clearinghouse Database Form FNS 543 (online)

USDA National Hunger Clearinghouse Form

Print

The following information will be added to the USDA National Hunger Clearinghouse Database, an online resource that provides information about food assistance to the public.

Date

04/24/2015
E.g., 04/24/2015

Organization Name *

Physical Address

Country United States ▼

Address 1 *

Address 2

City *

State *

- Select - ▼

ZIP code *

Phone

Ext

Fax

Hours of Service

Website

Email

Would you like to receive our monthly e-newsletter? *

☐ No

☒ Yes

How would you classify your organization? (select all that apply)

☐ Advocacy

☐ Coalition

☐ Direct Services

☐ Education Institution

☐ Emergency Food Provider

☐ Funder

☐ Labor

☐ Religious

What is your organization's target population? (select all that apply)

- ☐ Families
- ☐ Homeless/Unemployed
- ☐ Immigrants
- ☐ Senior Citizens
- ☐ Youth

Other

Where does your organization provide services? (select all that apply)

- ☐ Business
- ☐ Child Care Center
- ☐ College University
- ☐ Community Center
- ☐ Correction Facility
- ☐ Detention Facility
- ☐ Extension Service
- ☐ Farm
- ☐ Health Care Facility
- ☐ Home/Residence
- ☐ Microfinance
- ☐ Networking
- ☐ Organizational Offices
- ☐ Public Housing
- ☐ Religious Institution
- ☐ School
- ☐ Senior Citizen Center
- ☐ Shelter
- ☐ Soup Kitchen/Food Pantry

What area does your organization serve? (select all that apply)

- ☐ County
- ☐ National
- ☐ Neighborhood
- ☐ Regional
- ☐ Rural
- ☐ State
- ☐ Suburban
- ☐ Urban

Children Service: (select all that apply)

- ☐ After School
- ☐ Day Care/Childcare
- ☐ Foster Care/Childcare

Other

Counseling: (select all that apply)

- ☐ Case Management
- ☐ Crisis Hotline
- ☐ Domestic Violence
- ☐ Drugs and Alcohol
- ☐ Family Support
- ☐ Individual
- ☐ Referral Services
- ☐ Sexual Assault

Other

Education: (select all that apply)

- ☐ ESL
- ☐ Head Start
- ☐ Nutrition Education
- ☐ Prison Re-entry Program

Other

Food Assistance: (select all that apply)

- ☐ Community Support Agriculture
- ☐ Farmer's Markets (EBT)
- ☐ Food Bank
- ☐ Food Delivery
- ☐ Food Pantry
- ☐ Kids Cafe
- ☐ Meals On Wheels
- ☐ Soup Kitchens

Other

Government Programs: (select all that apply)

- ☐ Child and Adult Care Food Program
- ☐ CSFP
- ☐ Earned Income Tax Credit
- ☐ Farmer's Market Nutrition Program
- ☐ FEMA/Disaster Relief
- ☐ Home Emergency Relief
- ☐ Senior Farmers Mkt Nutrition
- ☐ SNAP (formerly known as "Food Stamps")
- ☐ Summer Food Service Program
- ☐ TANF
- ☐ TEFAP
- ☐ WIC

Other

Health Care: (select all that apply)

- ☐ Health Clinic
☐ Prescription Assistance

Other

Homeless Services: (select all that apply)

- ☐ Drop In Center
☐ Emergency Shelter
☐ Halfway Home
☐ Transitional Housing

Other

Housing: (select all that apply)

- ☐ Appliances/Furniture
☐ Home Repairs
☐ Rent Subsidy
☐ Utilities Assistance
☐ Weatherization

Other

Jobs: (select all that apply)

- ☐ Career Counseling
☐ Job Placement
☐ Job Readiness

Other

Other Services: (select all that apply)

- ☐ Clothes
☐ Hunger Hotline
☐ Thrift Store

Do you do advocacy work? If so, please indicate what kind

maximum 255 characters

Do you provide transportation services? *

- ☒ No
☐ Yes

Do you accept food donations? *

- ☒ No
☐ Yes

Do you provide seasonal services? (i.e. Christmas baskets) *

- ☒ No
☐ Yes

Mission Statement:

▼ Contact Information

The following information is for internal use only. Please provide the contact information for your organization's point of contact. The New York City Coalition Against Hunger (NYCCAH) will provide periodic updates on food assistance resources.

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Title	<input type="text"/>
Phone *	<input type="text"/>
Ext	<input type="text"/>
Mobile Phone	<input type="text"/>
Fax	<input type="text"/>
Email *	<input type="text"/>

▼ Contact's Address

Country	<input type="text" value="United States"/>	▼
Address 1 *	<input type="text"/>	
Address 2	<input type="text"/>	
City *	<input type="text"/>	State *
		<input type="text" value="- Select -"/>
ZIP code *	<input type="text"/>	

Appendix C: USDA National Hunger Clearinghouse Database Form FNS 543-A

[illegible]

[FR Doc. 2015-13062 Filed: 5/29/2015 08:45 am; Publication Date: 6/1/2015]